



**RHODE ISLAND STATE COUNCIL ON THE ARTS  
FINAL REPORT FORM**

**A final report is required of all grantees.** Return typed and signed report, along with samples of programs and promotional materials by the date indicated in your grant contract. GOS organizations must also include financial reports.

Grantee Name:	
Telephone Number:	
Address:	
City/State/Zip:	
Authorizing Official* :	
Title* :	
Telephone*:	
Project Director* :	
Telephone (Day/Eve)*:	
Person completing this form* :	
Telephone (Day/Eve)*:	
FAX:	
Email:	

*\* fill out this field if final report is from an organization*

## Program Information

Application/Grant Number:	
Program:	
Actual Amount Granted:	
Actual Start Date:	
Actual End Date:	

### Actual Individuals Benefiting (Audience)

Total number of individuals benefiting	
Youth benefiting	

### Actual Artists Participating

Total number of artists participating	
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**NATIONAL STANDARD FOR ARTS INFORMATION EXCHANGE  
RACE/ETHNICITY DATA COLLECTION**

*This information will be used as part of a data collection process that documents state arts agency grantmaking activities nationwide. It will be used to determine national trends in grantmaking, and will not be considered during the grantmaking process.*

**GRANTEE RACE/ETHNICITY**

For **individuals**, grantees may select **any combination** of the characteristics listed to the right that apply.

For **organizations**, grantees should code themselves based on the predominant group of which their staff or board or membership (not audience) is composed. Use the characteristics listed to the right. Organizations should choose the **one** code that best represents 50 percent or more of their staff or board or membership.

<b>American Indian/ Alaska Native</b>	<b>N</b>	<input type="checkbox"/>
<b>Asian</b>	<b>A</b>	<input type="checkbox"/>
<b>Black/African American</b>	<b>B</b>	<input type="checkbox"/>
<b>Hispanic/Latino</b>	<b>H</b>	<input type="checkbox"/>
<b>Native Hawaiian/ Pacific Islander</b>	<b>P</b>	<input type="checkbox"/>
<b>White</b>	<b>W</b>	<input type="checkbox"/>

**FUNDED PROJECT'S RACIAL/ETHNIC FOCUS**

✓ Check **ONLY One!**

If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed to the right, choose that group's code from the list. If the grant or activity is not designated to represent or reach any one particular group, choose the terminal code "99."

<b>American Indian/ Alaska Native</b>	<b>N</b>	<input type="checkbox"/>
<b>Asian</b>	<b>A</b>	<input type="checkbox"/>
<b>Black/African American</b>	<b>B</b>	<input type="checkbox"/>
<b>Hispanic/Latino</b>	<b>H</b>	<input type="checkbox"/>
<b>Native Hawaiian/ Pacific Islander</b>	<b>P</b>	<input type="checkbox"/>
<b>White</b>	<b>W</b>	<input type="checkbox"/>
<b>No single group</b>	<b>99</b>	<input type="checkbox"/>

NOTE: As a general guideline, a project can be considered "clearly reflective of a culture or tradition" if it is:

1. A project in which the intent is to communicate the culture or traditions of a particular race. For example, performances by an African dance company would be classified as "Black/African American", OR
2. Projects which are usually understood to be reflective of the culture or traditions of a particular race. For example, Kabuki theatre is performed in many localities, and by many Asian and non-Asian groups. All of these performances would be classified as "Asian" because regardless of who produces the work, the type of theatre itself is widely understood to be an expression of Japanese culture.

**FINANCIAL REPORT**

*Report expenses and income items to the nearest dollar*

<b>Actual Artistic Personnel Expenses</b>	\$
<b>ACTUAL TOTAL CASH INCOME</b>	\$
<b>ACTUAL TOTAL CASH EXPENSES</b>	\$
<b>Actual Total In-Kind Contributions</b>	\$

**NARRATIVE REPORT**

*Continue on other pages as needed*

1. What did you accomplish with this grant? If it was substantially revised from the original proposal, please indicate how and why.
2. What were the strengths and weaknesses of your project or funded activity?
3. What can RISCA do to assist you further (particularly in non-monetary ways)? Are there program changes that you would suggest for future consideration?

**ASSURANCES**

This certification must be signed by the grantee, or in the case of an organization or school, by the principal officer of your organization with legal authority to obligate it and knowledge of matters contained herein. The undersigned certifies that the information contained in this final report, including all attachments and supporting materials, is true and correct to the best of his/her knowledge.

GRANTEE (if individual) OR AUTHORIZING OFFICIAL (Chairman, Executive Director, or Principal if organization or school):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title (for organization): \_\_\_\_\_

Telephone: \_\_\_\_\_

Revised 3/1/02

A copy of this final report must be kept with all documents relating to this grant for a period of time of not less than seven years, and may be subject to Federal and/or State audit during this time.